

**PATIENT PROGRESS REPORT Abundant Health Holistic Center/Solara Attatharya, DOM, AP, DNBHE 352 365-4325**

To be filled in by the patient before treatment Using blank lines to describe your condition. Keep form with you and hand to your Physician

Patient Name \_\_\_\_\_ Ph # \_\_\_\_\_ DOB/Age \_\_\_\_\_ Last 4 SS# \_\_\_\_\_ Date \_\_\_\_ 14

**S:♥Unless I Rx them** please list any changes or additions to your meds, homeopathics, supplements, or herbs since your last visit:

None \_\_\_\_\_

♥ Have there been any unusual events or stresses since your last visit? i.e. Pregnancy, travel, work/grief issues, accident etc.? Y N

**What's your main concern(s) today? SAME IS NOT AN OPTION.  TODAY IS A NEW COMPLAINT** If multiple issues please # & describe each one in detail and if applicable What makes each one Better or Worse ie: Cold, Heat, Rest, Activity, Pressure, No pressure Draft Emotions Other; along with **current Symptom Annoyance Level 1-10** (1barely noticed 5 bad 10 worst) **and Pain Level 1-10 NOW & @ worst if different. For Example: 1. Back pain worse/sitting sleeping better standing warmth annoyance level 4/10 improved Pain level 3/10 was 8/10. 2. New symptom Headache throbbing pain goes from Rt side Temple to behind my eyes, nausea, worse lights better dark & quiet symptom annoyance level 6/10 Pain level Now 8/10 Worst 8/10**

1. \_\_\_\_\_  
2. \_\_\_\_\_

**How did your symptoms change with the last recent treatment?** \_\_\_\_\_

**Energy** 1 (low) 5 (avg) 10 (hyper) **Average Today** \_\_\_\_\_ **since last visit** \_\_\_\_\_ **Explain** \_\_\_\_\_

For the following questions please Write "B" Better "S" Same "W" Worse

**Physical functioning** \_\_\_\_\_ **Family relationships** \_\_\_\_\_ **Mood** \_\_\_\_\_ **Sleep patterns** \_\_\_\_\_ **Overall functioning** \_\_\_\_\_

♥ Since your last visit have you seen or are you seeing any additional practitioners

**Please mark any areas of pain**

/or doctor(s)? Yes No Name and Phone # \_\_\_\_\_

**USE LETTERS BELOW TO INDICATE**

**A = ACHE B = BURNING S = STABBING SH=SHARP  
D=DULL N = NUMBING P = PINS & NEEDLES O = OTHER**

**OTHER HEALTH ISSUES/ GOALS**

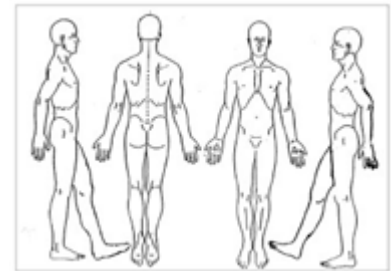
Improve:  Energy Level  Immunity  Diet/Nutrition  Clear Skin  Beauty  Detox  
 Gain/Lose Weight  Reduce Reliance on (Tobacco, Drugs, Caffeine, Sleep: Other \_\_\_\_\_)

**I am interested in the following modalities to help meet my health goals**

Acupuncture Homeopathy Bodyscan2010 Beauty Care Herbs Color Foot bath Detox

Signature \_\_\_\_\_  Self  Parent  Guardian

**Below For Practitioner's Use**



(O)\*\*\*\*\*

Shen \_\_\_\_\_ Compl \_\_\_\_\_ Temp \_\_\_\_\_ Spch \_\_\_\_\_ Wt \_\_\_\_\_ BP: \_\_\_\_\_ PBP \_\_\_\_\_ Pulse \_\_\_\_\_

Tx # \_\_\_\_\_ CC \_\_\_\_\_

**Color** Dark Pale Dusky Red Pur Blu Pnk Blck Crmsn \_\_\_\_\_

**Coat** Thin Thick Gr None M D Y W G \_\_\_\_\_

Brn Blck Striped Mapped Peeled \_\_\_\_\_

**Body** Thin Thck Flby Sw Edg Cntr Tip Fis Scal Thorn \_\_\_\_\_

**Texture:**Trb Stiff Soft Contr Wag Veers L R \_\_\_\_\_

**LFT** \_\_\_\_\_ **RT** \_\_\_\_\_

**HT/SI** \_\_\_\_\_ **LU/LI** \_\_\_\_\_ (A) Improved No chg Worse **Prog:** As expected Exac Agg Slower/Complicated by \_\_\_\_\_

**LV/GB** \_\_\_\_\_ **ST/SP** \_\_\_\_\_ **Dg**  Same \_\_\_\_\_

**KE/BL** \_\_\_\_\_ **K SJ/PC** \_\_\_\_\_ (Plan)  Same \_\_\_\_\_

Cont Current Plan Chg To: \_\_\_\_\_ Wk/ Mo: \_\_\_\_\_ Visits PRN Needle size: 0.5" 1" EA  $\mu$ A 0.3Hz 9 Hz 30 Hz 292 Hz Retained for \_\_\_\_\_ min Bled \_\_\_\_\_ Drops Seeds Mags

UV LED TDP Microcurrent Microlight EO ROM Footbaths Bodyscan 2010 Laser R G IR B Polarity eCPR Emotox Miniscan

**PTS** \_\_\_\_\_

Imprinted and explained products H/Os: YBS  See Suppl sheet Take \_\_\_\_\_

Post Tx Rmks Pt Tolerated TX Well Adversely  Left ofc WOI or Complaint Said I feel:  Better  Same  Worse  Great  Relaxed  Energized \_\_\_\_\_

Satellite \_\_\_\_\_ RTO On \_\_\_\_\_ Solara Attatharya, A.P, DNBHE AP1199 \_\_\_\_\_